

Michigan State Housing Development Authority

**2004 CONTINUUM OF CARE PLANNING UPDATE
(Exhibit 1)**

**Due Date:
All Submissions Must Be Postmarked By February 26, 2004**

INSTRUCTIONS FOR ASSEMBLY AND SUBMISSION

- Please use a simple 8 1/2 " x11" manila folder or pocket folder as a cover for your *2004 Continuum of Care Planning Update*. Materials may be clipped or stapled together and inserted into this labeled folder.
- Print or type the name of the Continuum of Care Area on the *upper right-hand corner* of the front of the folder.
- Please provide *all* information and/or materials that are requested.
- Each Continuum must submit **one (1) original** (with ink signatures) and **four (4) copies** of the *2004 Continuum of Care Planning Update*.
- Submissions must be postmarked by **February 26, 2004**
- Submit *2004 Continuum of Care Planning Update* materials to:

Emergency Shelter Grants Program
Michigan State Housing Development Authority
735 E. Michigan Avenue - P.O. Box 30044
Lansing, MI 48909

Michigan State Housing Development Authority

2004 CONTINUUM OF CARE PLANNING UPDATE

I. General Continuum Information

Name of Continuum: _____

A. 2004 Funding Recommendations Summary:

List agencies recommended for Emergency Shelter Grant funding, amount originally awarded for 2004-2005 (if applicable), and amount recommended for 2004-2005. Totals in this chart should equal the total amount of funding allocated to your Continuum of Care area for 2004-2005.

Agency Recommended	Funding Amount Awarded for 2004-2005	Funding Amount Recommended for 2004-2005	Funding Status 2004-2005 (New, Renewal, or Revised)
TOTAL	\$	\$	\$

B. Rural Homeless Initiative Program Continuation (if applicable):

Agency: _____

Funding Amount Recommended for 2004-2005: _____

C. Funding Rationale

Please attach a brief explanation for any revisions made to your original funding recommendations. Include a brief description of the rationale for funding for new programs not included in your Continuum of Care funding recommendations in 2003-2004.

II. Continuum Contact Information

Continuum of Care Area: _____

Continuum of Care Chairperson: _____

Signature of Chairperson (in ink): _____ Date: _____

Address: _____

Phone: _____ FAX: _____

E-Mail: _____

Continuum of Care Co-Chairperson (if applicable): _____

Signature of Co-Chairperson (in ink): _____ Date: _____

Address: _____

Phone: _____ FAX: _____

E-Mail: _____

Continuum of Care Coordinator (if applicable): _____

Address: _____

Phone: _____ FAX: _____

E-Mail: _____

III. Plans for Ending Chronic Homelessness/Chronic Homelessness Strategy and Goals

HUD and the federal Interagency Council on Homelessness have recently adopted a specific definition of “chronic homelessness”. A “chronically homeless person” refers exclusively to an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time.

- A. Past Year’s Progress.** Briefly describe (using no more than 1 page) the specific actions that your community has taken over the past year towards ending chronic homelessness (as defined above.) These actions should include (but not be limited to) reference to progress on the goals your Continuum articulated in the *2003-2005 Continuum of Care Planning Document (Exhibit 1)* submitted to MSHDA in February, 2003. Do NOT include information that is not specific to addressing chronic homelessness.

B. Future Goals and Action Steps. Describe specific future-oriented goals, and specific action steps for each, to be undertaken over **the next 18 months** in carrying out a local strategy to **end chronic homelessness** in your community. Be sure to specify the entity & person that has the lead responsibility for success or failure in carrying out each step and provide specific target dates for completion. Please use the following format. (You may add to this chart as needed for additional goals.)

Goal (“What” are you trying to accomplish)	Action Steps (“How” are you to go about accomplishing it)	Responsible Person/Organization (“Who” is responsible for accomplishing it)	Target Dates (mo/yr will be accomplished)
Ex: Count unsheltered chronically homeless to establish baseline	a. Plan annual street counts of unsheltered homeless persons b. Train/educate local providers for “point-in-time” procedures c. Conduct street count	Emergency Shelter Commission	January 2005
Goal 1:			
Goal 2:			
Goal 3:			
Goal 4:			
Goal 5:			

IV. Other Homelessness Goals/Homeless Action Plan and Action Steps

- A. **Progress Report on Continuum Goals and Action Steps Responding to Homelessness in General.** Referring to your Continuum's goals for addressing homelessness in general as described in your *2003-2005 Continuum of Care Planning Document* (submitted in February, 2003), please provide a summary of accomplishments made over the past year. Bulleted summaries of progress will suffice.

2003-'05 Goal	Action Steps Projected for 2003-'05	Summary of Progress In Current Year
Goal 1:		
Goal 2:		
Goal 3:		
Goal 4:		
Goal 5:		
Goal 6:		
Goal 7:		

B. Future Goals and Action Steps for Addressing Homelessness in General. Describe future-oriented goals, and specific action steps for each, to be undertaken over **the next 18 months** for responding to homelessness in general in your community. Be sure to specify the entity & person that has the lead responsibility for success or failure in carrying out each step and provide specific target dates for completion. Please use the following format. (You may add to this chart as needed for additional goals.)

Goal (“What” are you trying to accomplish)	Action Steps (“How” are you to go about accomplishing it)	Responsible Person/Organization (“Who” is responsible for accomplishing it)	Target Dates (mo/yr will be accomplished)
Goal 1:			
Goal 2:			
Goal 3:			
Goal 4:			
Goal 5:			

- V. Use of Mainstream Resources.** Using the following format, describe how identified “mainstream resources” are currently being used (within the past fiscal year) specifically to assist **homeless persons**. ONLY report resources that are targeted exclusively to homeless populations. “Prevention” activities should **not** be included.

Mainstream Resources	Use of Resource in CoC System <u>Exclusively for Homeless Persons</u> (e.g., facilities development, job training, etc.)	Project Name	\$ Amount or number of units/beds provided <u>specifically for homeless persons</u>
CDBG			
HOME			
Section 8 Housing Choice Vouchers (only if “priority” is given to homeless)			
Public Housing (only if units are dedicated to homeless)			
Mental Health Block Grant			
Substance Abuse Block Grant			
Social Services Block Grant			
Welfare-to-Work			
Other Federally-Funded Programs (e.g., VAWA, HRY)			
Other State-Funded Programs (e.g., FIA, Dept of Education)			
City/County Funded Programs			
Private Funding			
Foundations			

VI. Discharge Planning Policy Development

The McKinney-Vento Act now requires that Continuum of Care planning bodies develop and implement, to the extent practicable, policies for the discharge of persons from publicly funded institutions or systems of care. These institutions and systems of care include health care and mental health facilities, foster care or other youth facilities, and corrections programs and institutions. The purpose of developing and implementing discharge policies is to prevent persons being discharged from immediately becoming homeless.

Briefly describe whatever steps that your CoC has taken (if any) over the past year to begin working with appropriate local and State government agencies to ensure that a discharge policy for persons leaving publicly funded institutions or systems of care is being developed and implemented to prevent the discharge of persons from immediately resulting in homelessness.

VII. Housing Activity Chart

How to Complete the 2003-2004 Housing Activity Chart

Starting with the information from your *2003 Housing Activity Chart*, please update that information and show all housing activity on the following chart for 2004. Please provide information on each facility concerning: (1) the location of the facility/voucher program -- using HUD's geographic codes (from the table that follows), (2) the target populations (as described below), and (3) each facility/voucher program now "under development".

Geo Code: Indicate the HUD Geographic Area Code (Geo Code) for EACH facility identified. Where there is only one geographic code for the Continuum, check the box and indicate that code in the first facility listing only. If the project/agency is located in multiple jurisdictions, select the jurisdiction where the majority of the project's units are located. A list of HUD Geographic Area Codes (Geo Codes) is attached on the pages that follow.

Target Population:

Column A -- Select the code that best represents each project -- i.e., the population that each facility is primarily funded to address:

- SM = Only Single Males (18 years and over)
- SF = Only Single Females (18 years and over)
- SMF = Only Single Males and Females (18 years and over with no children)
- FC = Only Families with Children
- YM = Only unaccompanied Young Males (under 18 years)
- YF = Only unaccompanied Young Females (under 18 years)
- YMF = Only unaccompanied Young Males and Females (under 18 years)
- O = Others.

Column B -- Indicate whether the facility exclusively serves the following populations:

- DV = Only Domestic Violence victims
- VET = Only Veterans
- AIDS = Only persons with HIV/AIDS.

Current Inventory/Bed Capacity: List all facilities that were operating in 2003 and all those that will be operating in 2004. For the 2004 column, enter the number of existing beds in each activity category (emergency shelter, transitional housing, permanent supportive housing, and emergency vouchers) that will be serving the community as of June 1, 2004. Use the definitions for emergency shelter, transitional housing, and permanent supportive housing indicated in the "Working Definitions" descriptor, below. In defining capacity, use the number of beds that your facility is licensed to provide or would normally constitute a reasonable level of use (e.g., 4 beds in a 2-BR unit). If a single facility generally serves both individuals and families, please divide bed capacity so as to represent a "typical" split between these populations. In such an instance, please be careful that the TOTAL number of beds reflected for both individuals and families combined does not exceed the total capacity of the program.

Current Inventory -- Emergency Voucher Programs: MSHDA has added a category to the HUD Housing Activity Chart to allow for more consistent enumeration of emergency voucher availability. For emergency voucher programs, please estimate the number of person-nights that each identified voucher program can provide over the course of the entire year (FY 2003-2004 + FY 2004-2005).

Under Development: List all the projects that are fully funded but not yet ready for occupancy by June 1, 2004. This figure should reflect all beds that will not be ready for occupancy by June 1, 2004, but will be occupied by May 31, 2005.

Working Definitions for Estimated Inventory in Housing Activity Chart

All Continuum of Care areas should apply the following definitions in generating bed capacity/inventory counts for the Housing Activity and Gaps Analysis forms.

Emergency Shelter

A bed specifically dedicated to the provision of safe and decent short term/crisis shelter, with the intent to assist the consumer in returning to permanent housing, or into transitional housing, as quickly as possible. Emergency shelter is typically provided in a congregate setting for not more than 30–90 days. Motel or hotel rooms and/or “emergency host homes” for youth may also be utilized to provide emergency shelter on a limited basis.

Examples of beds that should NOT be counted as “emergency shelter” include:

- Emergency psychiatric beds
- Beds in de-tox or short-term residential substance abuse treatment facilities (unless specifically funded as emergency shelter for homeless persons)

Transitional Housing

A bed specifically dedicated to the provision of safe and decent interim housing, with the intent to engage the consumer in support services that assist a return to permanent housing of one’s own choosing and that facilitate resolution of self-identified barriers to housing stability. Transitional housing is typically provided both in scattered site and congregate units for not more than 24 months. Only those units that have been specifically identified by its primary funding sources (e.g., HUD/SHP, MSHDA, FIA/Domestic Violence, HHS/Transitional Living Programs, faith-based organizations) as “transitional housing” should be counted in this category.

Examples of beds that should NOT be counted as “transitional housing” include:

- Beds in residential substance abuse treatment facilities (unless specifically funded as transitional housing for homeless persons)
- Beds in half-way houses/probationary homes through the Department of Corrections
- Beds in short-term/residential psychiatric facilities

Permanent Supportive Housing

A bed specifically dedicated to the provision of permanent housing linked with long-term supportive services *for homeless persons with qualifying disabilities*. Only those units that have been specifically identified by one of its primary funding sources (e.g., HUD/SHP, Tax Credits, Shelter + Care, CSH) as “permanent supportive housing” for homeless persons should be counted here. In accordance with the HUD/Supportive Housing Program statute, Permanent Supportive Housing for Persons with Disabilities is to be targeted to homeless persons with a disability who have at least one of the following characteristics:

- Considered disabled under Section 223 of the Social Security Act;
- Determined to have a physical, mental, or emotional impairment of long-continued duration, impeding the ability to live independently, and of a nature that could be improved by more suitable housing;
- Having a developmental disability; or
- Having AIDS or conditions arising from its etiological effects

Examples of beds that should NOT be counted as “Permanent Supportive Housing” Include:

- Beds in Adult Foster Care homes
- Beds provided through Section 8 Housing Choice Vouchers
- Beds in half-way houses/probationary homes through the Department of Corrections
- Beds in subsidized housing that have not been established in accord with definitions, above

HUD Geographic Code Listings

Geographic Area	Geo Code	Geographic Area	Geo Code
ANN ARBOR	260192	ALCONA COUNTY	269001
BATTLE CREEK	260432	ALGER COUNTY	269003
BAY CITY	260444	ALLEGAN COUNTY	269005
BENTON HARBOR	260570	ALPENA COUNTY	269007
CANTON TWP	261074	ANTRIM COUNTY	269009
CLINTON TWP	261410	ARENAC COUNTY	269011
DEARBORN	261638	BARAGA COUNTY	269013
DEARBORN HEIGHTS	261644	BARRY COUNTY	269015
DETROIT	261698	BAY COUNTY	269017
EAST LANSING	261848	BENZIE COUNTY	269019
FARMINGTON HILLS	262096	BERRIEN COUNTY	269021
FLINT	262172	BRANCH COUNTY	269023
GRAND RAPIDS	262544	CALHOUN COUNTY	269025
HOLLAND	262940	CASS COUNTY	269027
JACKSON	263174	CHARLEVOIX COUNTY	269029
KALAMAZOO	263222	CHEBOYGAN COUNTY	269031
LANSING	263456	CHIPPEWA COUNTY	269033
LINCOLN PARK	263588	CLARE COUNTY	269035
LIVONIA	263648	CLINTON COUNTY	269037
MIDLAND	264086	CRAWFORD COUNTY	269039
MUSKEGON	264296	DELTA COUNTY	269041
MUSKEGON HTS	264302	DICKINSON COUNTY	269043
NORTON SHORES	264452	EATON COUNTY	269045
PONTIAC	264962	EMMET COUNTY	269047
PORTAGE	264974	GENESEE COUNTY	269049
PORT HURON	265010	GLADWIN COUNTY	269051
REDFORD	265148	GOGEBIC COUNTY	269053
ROCHESTER HILLS	265215	GRAND TRAVERSE COUNTY	269055
ROSEVILLE	265286	GRATIOT COUNTY	269057
ROYAL OAK	265304	HILLSDALE COUNTY	269059
SAGINAW	265340	HOUGHTON COUNTY	269061
ST CLAIR SHORES	265370	HURON COUNTY	269063
SOUTHFIELD	265664	INGHAM COUNTY	269065
STERLING HEIGHTS	265814	IONIA COUNTY	269067
TAYLOR	265934	IOSCO COUNTY	269069
TROY CITY	266036	IRON COUNTY	269071
WARREN	266252	ISABELLA COUNTY	269073
WATERFORD TOWNSHIP	266267	JACKSON COUNTY	269075
WESTLAND	266378	KALAMAZOO COUNTY	269077
WYOMING	266624	KALKASKA COUNTY	269079

Geographic Area	Geo Code
KENT COUNTY	269081
KEWEENAW COUNTY	269083
LAKE COUNTY	269085
LAPEER COUNTY	269087
LEELANAU COUNTY	269089
LENAWEE COUNTY	269091
LIVINGSTON COUNTY	269093
LUCE COUNTY	269095
MACKINAC COUNTY	269097
MACOMB COUNTY	269099
MANISTEE COUNTY	269101
MARQUETTE COUNTY	269103
MASON COUNTY	269105
MECOSTA COUNTY	269107
MENOMINEE COUNTY	269109
MIDLAND COUNTY	269111
MISSAUKEE COUNTY	269113
MONROE COUNTY	269115
MONTCALM COUNTY	269117
MONTMORENCY COUNTY	269119
MUSKEGON COUNTY	269121
NEWAYGO COUNTY	269123
OAKLAND COUNTY	269125
OCEANA COUNTY	269127
OGEMAW COUNTY	269129
ONTONAGON COUNTY	269131
OSCEOLA COUNTY	269133
OSCODA COUNTY	269135
OTSEGO COUNTY	269137
OTTAWA COUNTY	269139
PRESQUE ISLE COUNTY	269141
ROSCOMMON COUNTY	269143
SAGINAW COUNTY	269145
ST. CLAIR COUNTY	269147
ST. JOSEPH COUNTY	269149
SANILAC COUNTY	269151
SCHOOLCRAFT COUNTY	269153
SHIAWASSEE COUNTY	269155
TUSCOLA COUNTY	269157
VAN BUREN COUNTY	269159
WASHTENAW COUNTY	269161
WAYNE COUNTY	269163
WEXFORD COUNTY	269165

VII. Housing Activity Chart								
Continuum of Care Area: _____								
Component: EMERGENCY SHELTER (NOT Including Vouchers)								
Provider Name	Facility Name	Geo Code <input type="checkbox"/> *	Target Population		Bed Capacity			
					Individuals		Families with Children	
Current Inventory			A	B	2003	2004	2003	2004
Ex: Homeless Help, Inc.	Donovan's Shelter	180084	SF	DV	25	30		
			Subtotal					
Under Development								
Ex: Alpha, Inc.	A New Beginning	180084	SM	VET	18	23		
			Subtotal					
Component: TRANSITIONAL HOUSING								
Provider Name	Facility Name	Geo Code <input type="checkbox"/> *	Target Population		Bed Capacity			
					Individuals		Families with Children	
Current Inventory			A	B	2003	2004	2003	2004
			Subtotal					
Under Development								
			Subtotal					
Component: PERMANENT SUPPORTIVE HOUSING								
Provider Name	Facility Name	Geo Code <input type="checkbox"/> *	Target Population		Bed Capacity			
					Individuals		Families with Children	
Current Inventory			A	B	2003	2004	2003	2004
			Subtotal					
Under Development								
			Subtotal					
Component: EMERGENCY VOUCHER PROGRAMS*								
Provider Name	Facility Name	Geo Code <input type="checkbox"/> *	Target Population		ANNUAL Estimate of Bed-Nights Supported by Vouchers*			
					Individuals		Families with Children	
Current Inventory			A	B	2003	2004	2003	2004
			Subtotal					

* For emergency voucher programs, indicate estimated number of bed-nights that can be provided through motel/hotel voucher funding on an ANNUAL basis (NOT each night, or point-in-time).

VIII. Housing Gaps Analysis Chart

This chart summarizes the information from the *2004 Housing Activity Chart* (above) and represents the need for additional emergency, transitional housing and permanent supportive housing resources. The “Estimated Need” is based upon the Point-In-Time homeless count and status of local inventory of Emergency Shelter, Transitional Housing, and Permanent Supportive Housing beds at a point-in-time (one-day).

1. Complete the first column “Estimated Need”

Enter the number of persons identified as homeless (in accord with HUD definitions) through your community’s “point-in-time” count. This would be the total of persons in ES, TH, & PSH beds + those identified in street count.

2. Complete the second column “Current Inventory in 2004.”

Enter the number of existing beds serving the community in 2004. This inventory number should only include beds available for occupancy as of June 1, 2004. The completion of the “Current Inventory in 2004” for emergency shelter, transitional housing, and permanent supportive housing beds must be carried over from the subtotals shown under “Current Inventory” in each of the housing component areas contained in the *Housing Activity Chart*, above – EXCLUDING emergency vouchers.

3. Complete the third column “Under Development in 2004.”

Enter the number of funded new beds not ready for occupancy by June 1, 2004 but that will be occupied by May 31, 2005. The completion of “Under Development in 2004” must be carried over from the subtotals shown as “Under Development” in the *Housing Activity Chart*, above.

4. Complete the fourth column “Unmet Need/Gap.”

Enter the number of beds the CoC determines to be the unmet remaining need for each category. This number should represent the need for additional beds after the “current inventory” and “under development” inventories are subtracted from the “Estimated Need”.

VIII. Housing Gaps Analysis Chart

Continuum of Care Area: _____

	Estimated Need (Point-In-Time)	Current Inventory 2004	Under Development 2004	Unmet Need/ Gap
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Individuals and Unaccompanied Youth

Example	Emergency Shelter	150	100	30	20
Beds	Emergency Shelter				
	Transitional Housing				
	Permanent Supportive Housing				
	Total				

Persons in Families With Children

Beds	Emergency Shelter				
	Transitional Housing				
	Permanent Supportive Housing				
	Total				

IX. Homeless Population and Subpopulations Chart

Completing Part 1: Homeless Population. This chart must be completed using reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. The counts must be from: **(A)** administrative records, **(N)** enumerations, **(S)** statistically reliable samples, or **(E)** estimates. The source of the data presented in each box must be identified as: **(A), (N), (S) or (E)**.

“Sheltered” Homeless. For purposes of this chart, “sheltered homeless” should include all persons identified in your point-in-time count who are residing in either emergency shelters or transitional housing for homeless populations -- including domestic violence shelters, programs for runaway/homeless youth, and any hotel/motel/apartment voucher arrangements paid by a public/private agency because the person or family is homeless. Also include all homeless persons in homeless transitional housing. **Do not count:** (1) persons who are living doubled up in conventional housing; (2) formerly homeless persons who are residing in Section 8 SRO, Shelter Plus Care, SHP permanent housing or other permanent housing units; (3) children or youth, who because of their own or a parent’s homelessness or abandonment, now reside temporarily and for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like; or (4) adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities.

Unsheltered Homeless. Count all adults, children and youth sleeping in places not meant for human habitation. “Places not meant for human habitation” include streets, parks, alleys, parking ramps, transportation depots and other parts of transportation systems (e.g. subway tunnels, railroad car, under bridges), all-night commercial establishments (e.g. movie theaters, laundromats, restaurants), abandoned buildings, building roofs or stairwells, chicken coops and other farm outbuildings, caves, campgrounds, vehicles, and other similar places.

Completing Part 2: Homeless Subpopulations. This must be completed using reliable, unduplicated counts or estimates of homeless persons in sheltered locations at a one-day point in time. The numbers must be from: **(A)** administrative records, **(N)** enumerations, **(S)** statistically reliable samples, or **(E)** estimates. The source of the data presented in each box must be identified as: **(A), (N), (S) or (E)**. In counting “Chronically Homeless” persons, please use HUD’s definition of chronic homelessness, and indicate BOTH the number (point-in-time) of chronically homeless persons who are currently in emergency shelters and the number that are unsheltered, in places not meant for human habitation.

IX. Homeless Population and Subpopulations Chart

Continuum of Care Area: _____

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Example:	75 (A)	125 (A)	105 (N)	305
1. Homeless Individuals				
2. Homeless Families with Children				
2a. Persons in Homeless Families with Children				
Total (lines 1 + 2a)				
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless				
2. Seriously Mentally Ill				
3. Chronic Substance Abuse				
4. Veterans				
5. Persons with HIV/AIDS				
6. Victims of Domestic Violence				
7. Youth				

X. Methods Used to Collect Information for Gaps Analysis & Homeless Populations Charts

For the Part 1: Homeless Population Chart

A. Briefly describe your community's process/methods for collecting the data:

B. Date of Point-In-Time Count Utilized: _____

C. Lead Agency/Contact Person for Process of Point-In-Time Data Collection:

Agency/Organization: _____

Contact Person: _____

Phone # _____ **E-Mail Address:** _____

For the Part 2: Homeless Subpopulations Chart

Indicate the methods used by your community for determining homeless subpopulations in general **and** the "chronically homeless" in particular. Check all that apply.

- ☐ (A) **Agency Administrative Records**
- ☐ (N) **Street Counts/Enumerations**
- ☐ (S) **Statistically Reliable Samples**
- ☐ (E) **Estimates**

XI. Critical Needs

MSHDA is interested in understanding more about the challenges facing your community in mobilizing and sustaining comprehensive response to homelessness. Please share your assessment of your community's most critical needs in the chart below.

Continuum	of	Care	Area		
Needs Area		Critical	High	Medium	Low
Engaging Key Stakeholders in Continuum of Care Planning					
Promoting Collaboration in Continuum of Care Planning					
Collecting Data on Homeless Populations and Needs					
Expanding Emergency Prevention Resources					
Addressing Impact of Institutional Discharge on Local Needs					
Assuring Outreach to Homeless Persons "On the Streets"					
Increasing Access to Emergency Shelter					
Increasing Access to Transitional Housing					
Expanding Financial Resources for Rapid Housing Relocation					
Expanding Staffing to Assist in Rapid Housing Relocation					
Increasing Linkages to Mainstream Resources and Supports					
Developing Supportive Housing for Non-Disabled Populations					
Developing Supportive Housing for Disabled Populations					
Assuring Adequate Supply of Affordable Permanent Housing					
Increasing Capacity for Linking Follow-Up Services to Housing					
Linking Employment and Related Supports for the Homeless					
Other:					
Other:					
Other:					

Please feel free to elaborate on any of your community's needs or concerns regarding homeless response:

ATTACHMENT I-A

**CERTIFICATION OF
COORDINATION OF PLANNING AND REVIEW WITH
MULTI-PURPOSE COLLABORATIVE BODIES (MPCB's)**

It is MSHDA's belief that a strong Continuum of Care will include in its efforts a significant attempt to coordinate activity and planning with local MPCB's. In an effort to encourage that relationship, MSHDA requires that your most recent completed *Continuum of Care Plan (i.e., FY 2003)* and *2004 Continuum of Care Planning Update* be made available to the appropriate Multi-Purpose Collaborative Body for review. If your Continuum area includes several different MPCB's, we ask that they all be included in Continuum of Care Plan review. Each MPCB in your Continuum of Care area should sign the certification (below), indicating that they have received and reviewed your prior *Continuum of Care Planning Document* at some point in the prior year (February, 2002-February, 2003).

This certifies that the *2003-2005 Continuum of Care Planning Document* for the _____ (Continuum of Care area) has been submitted to and reviewed by our MPCB.

Continuum of Care:	
Name of MPCB:	
Name of MPCB Chairperson:	
Signature of MPCB Chairperson:	Date Signed by MPCB Chairperson:

Please identify the nature of the relationship between your Continuum of Care Planning Body and the above-mentioned local MPCB(s):

- ☐ Our Continuum of Care is a formally established work group/task force of the local MPCB, and is accountable to the MPCB.
- ☐ Our Continuum of Care has a standing representative on the MPCB decision-making body, but has no formal structural relationship with or accountability to the MPCB.
- ☐ Members of our Continuum of Care group participate in the MPCB, but not as representatives of the Continuum.
- ☐ Our Continuum of Care is an independent planning body in our community, with no membership or standing in the MPCB.
- ☐ Other (please describe) _____

Please attach a brief description of any collaborative funding, training, planning, or programming activities occurring jointly between your MPCB and the Continuum of Care body:

ATTACHMENT I-B

CONTINUUM OF CARE BY-LAWS AND PRACTICE DOCUMENTS

Please attach (if available) any written by-laws or rules for decision-making utilized by your Continuum of Care planning body. These will have no bearing on evaluation of your submission but they will be useful in our continuing efforts to improve Continuum of Care practices across the state.

- ☐ Updated documents are attached.
- ☐ Most recent documents already submitted.
- ☐ Our Continuum has not yet developed written operating procedures or by-laws.

ATTACHMENT I-C

FEEDBACK AND EVALUATION FORM

Please share any suggestions that might help us to improve our ESG funding process and/or our *Continuum of Care Planning Document* and *Program Application* Forms.